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Bib Data Sheet

CONFIRMATION NO. 7848

<b>SERIAL NUMBER</b> 09/982,744	<b>FILING DATE</b> 10/18/2001 <b>RULE</b>	<b>CLASS</b> 047	<b>GROUP ART UNIT</b> 3643	<b>ATTORNEY DOCKET NO.</b> END-796
<b>APPLICANTS</b> David A. Witt, Maineville, OH; Chester O. Baxter III, Loveland, OH;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A DIV OF 09/644,200 08/22/2000 * 08/24/2000 ABN WHICH IS A DIV OF 09/412,557 10/05/1999 ABN (*) Data inconsistent with PTO records.				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 11/20/2001</b>				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>Gulhan M. Woot</i> Initials	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 20
<b>INDEPENDENT CLAIMS</b> 6				
<b>ADDRESS</b> 000027777				
<b>TITLE</b> Curved clamp arm tissue pad attachment for use with ultrasonic surgical instruments				
<b>FILING FEE RECEIVED</b> 992	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	